## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
House Majority PAC	C C00495028
	C 00433020
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y H Y H Y H Y
Full Name of Payee Gumbinner Davies & Simpson Communications	Date of Public Distribution/Dissemination
Mailing Address 2001 S St NW	09 15 2014
Ste 301	Amount
City State Zip Code	25501.50
Washington DC 20009-1164	Transaction ID: VN7GD9VG8T5 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	Sought: X House District: 11
Michael Grimm Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	orsement For: Primary
Full Name of Payee Mission Control, Inc.	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 114 Mansfield Hollow Rd	09 13 2014
# A	Amount
City State Zip Code	23960.96
Mansfield Center CT 06250-1316	Transaction ID : VN7GD9VG8V3 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: X House District: 17
Robert T. Schilling Oppose	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought  Disbut 23960.96	ursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	49462.46
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	9 17 2014
Signature	